

REFERRAL TO DEPARTMENT OF HEALTH SERVICES
PERINATAL HOME VISITATION EDUCATION PROGRAM

Instructions for Completing Referral Form

Top Portion:

- Date: Enter date referral is initiated (check the box if you are the primary care perinatal provider or authorized care coordinator)
- Person Making Referral: Print name and title, including phone and fax numbers
- Provider/Agency/Facility: Enter name of referring provider, group, or agency
- Name of Patient: Print the full name of patient being referred, including date of birth
- Address: Print legibly the full address, including patient phone number
- LMP/EDC: Circle Last Menstrual Period - or- Expected Date of Confinement/Delivery and enter date
- Was patient informed?: Please indicate if patient knows that this referral is being made and whether the pregnancy is confidential to others
- Primary Language: Check appropriate language patient is most comfortable speaking

Middle Portion:

- 1st time Mother: Check if this is a first-time expectant mother less than 28 weeks pregnant, including whether she is on CalWORKS.
- Medical Information: Check all that apply. Write in other high risk conditions not listed.
- Psychosocial: Check all that apply. Write in other risk conditions not listed. If patient is in juvenile detention facility, write in the PDJ#. If patient is incarcerated, write in Booking # for post-discharge follow up. Include release dates if known.
- Postpartum: If patient has delivered, indicate whether the referral is for the mother or baby (or both), and write in all high risk conditions necessitating referral. Write in date of delivery and birth weight of infants being referred.
- FAX: Fax the referral to ONE program only. Juvenile detention facilities and referring providers should refer teens to the Nurse Family Partnership program for first time moms, unless it is known that she is not a first time mom or is >28 weeks pregnant. The Nurse Family Partnership and Prenatal Care Guidance programs work together to cross refer patients as necessary to ensure proper enrollment.

Bottom Portion: Do not write in this space. The referring party will receive a letter from the program office after screening and disposition of the patient is made.